

the constant pressure exerted against them by the weight of the column of feculent matter from above. In stricture of the hard or scirrhus kind, a much larger extent, longitudinally as well as circularly, of the intestine is implicated, spreading occasionally from the anus to the promontory of the sacrum; in stricture caused by soft cancer, a portion only of the circumference of the bowel may be implicated, a narrowing of one of its segments from the morbid growths shooting out of the side of the intestine.

### XIII. FORMATION AND DEVELOPMENT OF STRICTURE.

The proximate causes of stricture may very correctly be resolved under two heads—those arising from inflammatory action, and others, though of less frequency, from the cicatrization of ulcers, or of wounds accidental, or made by the Surgeon's knife.

In stricture from inflammation, commensurate with the causes producing it, there will be an exudation of coagulable lymph, or fibrine, either on the surface of the mucous membrane or between it and the submucous cellular tissue; this gradually assumes the appearances and characters of fibroid formations, new vessels are developed and ramify through the adventitious substance, it becomes more compact, or, as it is more perfectly organized, it encroaches upon the whole circumference of the bowel through continuity of surface, and is covered by the mucous lining of the gut, which is now very much hypertrophied if primarily affected, or is raised from the muscular coat if the disease has originated in the submucous cellular tissue. In simple stricture it is very seldom that the muscular coat is implicated, hence there is scarcely stricture or puckering of the three coats of the bowel, as is clearly demonstrated after the division of the mucous membrane alone.

If the stricture results from the healing of an ulcer or of a wound, the contraction takes place in relation to the cicatrization required to repair the loss, and hence a proportional narrowing not only of the mucous membrane but also of the muscular and serous coats takes place; thus we have not only an internal ring, but an external depression from the puckering of the whole caliber of the intestine. The very few cases of spontaneous stricture spoken of can only be explained upon the assumption of some organic change in the part itself, from some unknown or unappreciable cause.

### XIV. PATHOLOGY.

In simple stricture, the mucous membrane is not only thicker but of a harder structure than natural, and is less vascular, hence its white or fibroid appearance. "In malignant stricture, dissection reveals great and extensive thickening and consolidation, as well as confusion of all the parts. The disease is not confined to the coats of the intestine, but is continued more or less extensively into the cellular membrane beneath the peritoneum reflected over the sacrum and bones of the pelvis. The firm, yet elastic feel, of this disease is peculiar, much resembling that of cartilage; on opening the cavity of the bowel, the canal is found nearly or completely closed the section presenting so few traces of original structure as to render it difficult to say in what particular structure the disease originates.